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FEE TRANSMITTAL for FY 2002 <small>Patent fees are subject to annual revision.</small>		Complete if Known	
		Application Number	09/638,026
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Filing Date	August 14, 2000
TOTAL AMOUNT OF PAYMENT (\$)		First Named Inventor	Paul A. Farrar
		Examiner Name	N. Parekh
1030.00		Group Art Unit	2811
		Attorney Docket No.	M4065.0082/P082-A
METHOD OF PAYMENT (check all that apply)		FEE CALCULATION (continued)	
<input type="checkbox"/> Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> Other <input type="checkbox"/> None		3. ADDITIONAL FEES	
<input type="checkbox"/> Deposit Account		Large Entity Small Entity	
Deposit Account Number 04-1073		Fee Code Fee (\$)	
Deposit Account Name Dickstein Shapiro Morin & Oshinsky LLP		Fee Code Fee (\$)	
The Commissioner is hereby authorized to: (check all that apply)		Fee Description	
<input type="checkbox"/> Charge fee(s) indicated below <input checked="" type="checkbox"/> Credit any overpayments		Fee Paid	
<input type="checkbox"/> Charge any additional fee(s) during the pendency of this application			
<input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.			
1. BASIC FILING FEE			
Large Entity Small Entity			
Fee Code Fee (\$)		Fee Description	
Fee Code Fee (\$)		Fee Paid	
101 740 201 370 Utility filing fee			
106 330 206 165 Design filing fee			
107 510 207 255 Plant filing fee			
108 740 208 370 Reissue filing fee			
114 160 214 80 Provisional filing fee			
SUBTOTAL (1) (\$)		0.00	
2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE			
Total Claims		Extra Claims Fee from below Fee Paid	
Independent Claims			
Multiple Dependent			
Large Entity Small Entity			
Fee Code Fee (\$)		Fee Description	
Fee Code Fee (\$)		Fee Paid	
103 18 203 9 Claims in excess of 20			
102 84 202 42 Independent claims in excess of 3			
104 280 204 140 Multiple dependent claim, if not paid			
109 84 209 42 ** Reissue independent claims over original patent			
110 18 210 9 ** Reissue claims in excess of 20 and over original patent			
SUBTOTAL (2) (\$)		0.00	
** or number previously paid, if greater; For Reissues, see above			
SUBMITTED BY		Complete (if applicable)	
Name (Print/Type) Thomas J. D'Amico		Registration No. (Attorney/Agent) 28,371	
Signature		Telephone (202) 828-2232	
		Date August 26, 2002	